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U.S. PTO  
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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-003  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPlease type a plus sign (+) inside the box → 

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		<b>Attorney Docket No.</b> ENDOV-54176
		<b>First Inventor or Application Identifier</b> Timothy A.M. Chute
		<b>Title</b> Device and Method for Staged Implantation of a Vascular Repair
		<b>Express Mail Label No.</b> EL590183100US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <small>(preferred arrangement set forth below)</small>	6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R & D	
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 18]	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Pages <input type="text"/> ]	8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small>	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
a. <input type="checkbox"/> Computer Readable Copy	
b. <input type="checkbox"/> Paper Copy (identical to computer copy)	
c. <input type="checkbox"/> Statement verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney	
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
a. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12)	
b. <input type="checkbox"/> Status still proper and desired	
13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
14. <input type="checkbox"/> Other: ..... ..... .....	
15. <input type="checkbox"/> Other: ..... ..... .....	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 60 / 157,985

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Bar code label here)		<input type="checkbox"/> Correspondence address below
Name	24201		
Address	PATENT TRADEMARK OFFICE		
City	State	Zip Code	
Country	Telephone		Fax

Name (Print/Type)	John V. Hanley	Registration No. (Attorney/Agent)	38,171
Signature	John V. Hanley		
	Date	10/06/00	

Burden Hour Statement: This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Timothy A. M. Chuter
Examiner Name	
Group Art Unit	
Attorney Docket No.	ENDOV-54176

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **06-2425**  
Deposit Account Name **Fulwider Patton et al.**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for <i>ex parte</i> reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

SUBTOTAL (1) (\$ 710.00)

## 2. EXTRA CLAIM FEES

Total Claims	<b>10</b>	-20** =	<b>0</b>	x	<b> </b>	=	<b> </b>
Independent Claims	<b>2</b>	- 3** =	<b>0</b>	x	<b> </b>	=	<b> </b>
Multiple Dependent							

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	John V. Hanley	Registration No. (Attorney/Agent)	38,171	Telephone 310-824-5555
Signature	<i>John V. Hanley</i>			Date 10/06/2000

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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